

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4	3					
5						
6	3					
7						
8						
9						
10						
11	3					
12	1					
13	3					
14	3					
15	3					
16	3					
17	3					
18	3					
19	3					
20	52					
21	1					
22	1					
23	1					
24	1					
25	1					
26						
27						
28						
29						
30						
31						
32						
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10	1	1	1	1	1
TOTAL DEP.	60	1	1	1	1	1
TOTAL CLAIMS	70	2	2	2	2	2

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.			1	1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS		2	2	2	2	2